

VZCZCXRO5466
PP RUEHMA RUEHROV
DE RUEHKH #1127/01 1341323
ZNR UUUUU ZZH
P 141323Z MAY 06 ZDK
FM AMEMBASSY KHARTOUM
TO RUEHC/SECSTATE WASHDC PRIORITY 2765
INFO RUCNFUR/DARFUR COLLECTIVE PRIORITY

UNCLAS SECTION 01 OF 03 KHARTOUM 001127

SIPDIS

AIDAC
SIPDIS

STATE FOR AF/SPG, PRM, AND ALSO PASS USAID/W
USAID FOR DCHA SUDAN TEAM, AF/EA, DCHA
NAIROBI FOR USAID/DCHA/OFDA, USAID/REDSO, AND FAS
USMISSION UN ROME
GENEVA FOR NKYLOH
NAIROBI FOR SFO
NSC FOR JMELINE, NSC/AFRICA FOR SHORTLEY
USUN FOR TMALY
BRUSSELS FOR PLERNER

E.O. 12958: N/A

TAGS: [EAID](#) [PREF](#) [PGOV](#) [PHUM](#) [SOCI](#) [KAWC](#) [SU](#)

SUBJECT: Sudan - Darfur Water and Sanitation Assessment

Summary and Comments

¶1. From April 29 to May 2, 2006, OFDA Water and Sanitation Specialist Peter Wallis traveled to North and South Darfur to evaluate the effectiveness of ongoing USAID-funded programs and make recommendations concerning future support of water and sanitation humanitarian interventions in Darfur. In summary, all NGOs visited appeared to be implementing water and sanitation interventions in a satisfactory manner. However, recent improvements in water and sanitation interventions throughout Darfur are now threatened by sharp declines in financial resources and technical capacity. Without increased donor funding, implementing agencies will be forced to drastically cut water, sanitation, and hygiene promotion programs, a move which will likely decrease access to water and increase rates of water and sanitation related morbidity and mortality. To maintain the sustainability of Darfur's water and sanitation infrastructure, USAID should support efforts by UNICEF and WHO to maintain technical water and sanitation advisors both in Darfur and Khartoum and increase funding for water, sanitation, and hygiene promotion activities in IDP camps and host communities where IDP populations overwhelm existing water and sanitation facilities. End summary and comments.

Visits and Contacts

¶2. While in Khartoum, Mr. Wallis met with water and sanitation coordinators representing the U.N. Children's Fund (UNICEF), the International Rescue Committee (IRC), and GOAL-Darfur. While in Darfur, Mr. Wallis met with representatives from UNICEF, the U.N. World Health Organization (WHO), and the U.N. Office for the Coordination of Humanitarian Affairs (OCHA), as well as USAID implementing partners IRC, Action Contre la Faim (ACF), American Refugee Committee (ARC), Relief International (RI), and International Medical Corps (IMC). Mr. Wallis also visited several internally displaced person (IDP) camps including Kutum and Abu Shouk in North Darfur and Kalma and El Salem in South Darfur. Security issues in Darfur limited access to

rural project sites preventing a more comprehensive assessment of project activities. Mr. Wallis previously traveled to Darfur to conduct similar humanitarian assessments in June 2004 and May 2005.

Limited Donor Funding Threatens Recent Improvements in
Water and Sanitation Services throughout Darfur

13. All USAID-funded organizations visited in Darfur appear to be making excellent progress in implementing water and sanitation interventions. USAID partners are implementing effective, creative water sanitation interventions despite severe security, logistical, and bureaucratic challenges. However, recent funding shortfalls have forced the international humanitarian community to drastically reduce water and sanitation staff, program activities, and hygiene promotion and health education programs.

14. Coordination: In partnership with the non-government organization (NGO) community, UNICEF resolved the serious coordination problems noted in past assessments and standardized water and sanitation interventions throughout North and South Darfur. Sector coordination meetings and related workgroups formed to develop creative solutions to difficult issues are effectively used to solve water and sanitation problems throughout the region. Increased presence of UNICEF and WHO expatriate water and sanitation technical staff in Darfur appear to be the primary reason coordination and effectiveness of water and sanitation interventions have improved over the past year.

KHARTOUM 00001127 002 OF 003

15. Technical Capacity: UNICEF and WHO water and sanitation sector technical staff have improved water and sanitation sector initiatives in Darfur over the past year. In addition to their responsibilities as water and sanitation sector leads, these expatriate technical staff offer expert advice to the NGO community and facilitate meetings and work sessions dealing with water and sanitation problems facing Darfur's conflict-affected population. Though technical advisors' knowledge and experience adds significant value to ongoing water and sanitation activities, many experts will soon be out of a job. Due to lack of donor funding, UNICEF announced plans to down-size water and sanitation staffing to 2003 levels by eliminating nearly 70 percent of their expatriate staff positions in Darfur as well as their stand-alone Darfur Water Sanitation Coordinator position in Khartoum. Previous staffing levels were demonstrated to be inadequate to meet emergency needs, as evidenced by the abysmal coordination and delivery of water and sanitation interventions in Darfur during that time period. In addition, WHO plans to eliminate one of its two Water Sanitation Coordinator positions in the near future. These two experts have provided superb technical support to the water and sanitation sector, were responsible for the implementation of drinking water testing operations to identify contaminated water sources used by IDP populations, and are strong advocates of water treatment and vector control.

16. Health and Hygiene Promotion: Progress toward achieving water and sanitation sector objectives in Darfur seems to have peaked in December 2005, with many hard-won gains made in 2005 disappearing since January 2006. IRC decreased the number of hygiene promoters in Kutum IDP camp by 75 percent and is maintaining a staff of just five hygiene promoters to serve Bielel, Sekele, Mossai, Dereig, and Otash IDP camps surrounding Nyala, whose total population exceeds 86,000 IDPs. (Note: Sphere standards recommend two hygiene promoters per 1000 IDPs. End Note.)

Since, hygiene promoters and community motivators are typically responsible for monitoring and evaluating camp water and sanitation activities, the relief community can no longer effectively identify needs, prioritize actions, or evaluate the effectiveness of water and sanitation initiatives.

¶7. Drinking Water: Recent cutbacks in donor funding for water and sanitation activities have negatively impacted access to safe drinking water throughout Darfur. Following an arduous 18-month implementation effort, hand-pump chlorination programs throughout Darfur ground to a halt as of March 2006. Combined with recent reductions in staffing and hygiene promotion activities, this failure to chlorinate drinking water has greatly increased potential for water-related disease outbreaks in IDP communities.

¶8. Solid Waste Collection: Solid waste collection activities have also fallen victim to recent donor funding constraints. NGOs initiated these programs in an effort to prevent recurrence of the spike of fly-borne diseases in IDP camps in May 2005. Last year's massive fly infestations resulted in costly pesticide spraying campaigns, an intervention that will likely be repeated in 2006 unless NGOs can maintain garbage collection activities.

¶9. Sustainability: Based on meetings with U.N. agencies and NGOs, it appears that the Darfur rural water system construction program is encountering serious sustainability issues. The number of rural community water systems constructed and/or renovated exceeds the technical support capacity of the UNICEF-supported Government of National Unity (GNU) Water and Environmental Services (WES) program. In addition, many systems were constructed in insecure areas which are no longer accessible to WES personnel. NGOs who assumed responsibility for technically supporting these systems have also encountered increasing difficulty in accessing rural communities. Additionally, their general lack of expertise in establishing community water systems limits even the minimal technical assistance they are able to provide. Reduced humanitarian access combined with

KHARTOUM 00001127 003 OF 003

limited NGO technical capacity has resulted in the degradation of many recently constructed water and sanitation facilities.

¶10. The above-mentioned trends in water and sanitation programming in Darfur are only the beginning of a massive decrease in water and sanitation services precipitated by recent donor funding constraints. Nine months of progress in the water and sanitation sector has already been lost, and the outlook is growing even more grim as the rainy season approaches. Funding shortfalls will undoubtedly translate into a rise in water and sanitation related morbidity and mortality throughout Darfur in the upcoming year.

Plugging the Dike

¶11. To stabilize the collapse of water and sanitation sector interventions in Darfur, USAID should take the following immediate actions in order of priority:

- a) Fund UNICEF to support three expatriate water and sanitation technical experts in each of Darfur's three states as well as the full-time Khartoum-based Darfur Water Sanitation Coordinator position.
- b) Fund WHO to maintain three Water Sanitation Coordinator positions, one each in North, South, and West Darfur.

c) Fund water, sanitation, and hygiene promotion interventions in all IDP camps as well as host communities where large IDP populations overwhelm existing water and sanitation facilities.

d) Fund reconstruction of water and sanitation facilities in rural communities only in secure locations where mechanisms to ensure realistic, long-term technical support have been identified, and only in close coordination with local repatriation efforts. The level of service provided in these areas should not exceed that which existed prior to the beginning of the conflict in [1](#)2003.

HUME